

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

42402

FILED JAN 20 1942

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County LINN  
 (b) City or town BROOKFIELD  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1310 NORTH MAIN ST.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM WELCH8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife NETTIE MCCOLLUM  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased JULY 8, 1875  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 17 If less than one day hr. min.9. Birthplace CHARITON CO., MO.  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business

12. Name JOSEPH WELCH  
 13. Birthplace CHARITON CO., MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ANNIE BAKER  
 15. Birthplace LINN CO., MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Welch  
 (b) Address BROOKFIELD, MO.  
 17. (a) BURIAL (b) Date thereof DEC. 27, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation PLEASANT VIEW CEM.

18. (a) Signature of funeral director Rusk Funeral Home  
 (b) Address BROOKFIELD, MO.

19. (a) 12-27-1941 (b) W. H. Curran  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County LINN 659  
 (c) City or town 1310 NORTH MAIN ST  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. BROOKFIELD, MO  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25  
 year 1941 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 1  
1940, to Dec 18, 1941;  
 that I last saw him alive on Dec 18, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration unknown

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H62

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Lane Evans (M. D. or other) \_\_\_\_\_  
 Address Brookfield Mo Date signed 12-26-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. Bee right*

Licensed Embalmer No.....

*3718*

P. O. Address.....

*Brookfield, Ma*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**